



FIFTIETH

*Annual Report*

ON THE

Health of Stafford

---

J. T. MACNAB  
*M.A., M.B., B.Ch. (Cantab), D.P.H.*  
Medical Officer of Health

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1923

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STAFFORD  
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# STAFF

## OF THE

### Public Health Department.

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MEDICAL OFFICER OF HEALTH,

Medical Superintendent Infectious Diseases Hospital,  
and Medical Officer Infant Welfare Centre.

\*J. T. MACNAB, M.A., M.B., B.Ch. (Cantab.), D.P.H.

SENIOR SANITARY INSPECTOR,

Lodging-House Inspector, Inspector under the Canal Boats  
Act, and Inspector under the Housing (Inspection of District)  
Regulations, 1910.

\*JAMES H. DRURY, Cert. R. San. Inst.,  
and Certificated Meat Inspector.

SANITARY INSPECTOR.

\*R. BILL, Cert. R. San. Inst.,  
and Certificated Meat Inspector.

HEALTH VISITOR,

and Assistant Sanitary Inspector.

\*MISS C. E. SUFFIELD, Cert. R. San. Inst.,  
Cert. Cent. Midwives' Board.

MATRON OF INFECTIOUS DISEASES HOSPITAL.

MISS E. SINGLETON.

CLERK.

R. FOWELL.

\*Salaries contributed to, under Public Health Acts or  
by Exchequer Grants. All are whole-time Officers.



BOROUGH HALL,  
STAFFORD,  
*April, 1924.*

**To the Chairman and Members of  
the Public Health Committee.**

MADAM AND GENTLEMEN,

I have the honour to submit the Fiftieth Annual Report on the Health of Stafford.

The report is drawn up in accordance with the instructions contained in Circular No. 451 of the Ministry of Health, dated 15th December, 1923. It also includes a report on Tuberculosis in the Borough, kindly supplied by Dr. Parkinson.

The outstanding figures are the Death Rate 8.8, and the Infantile Mortality Rate 55; these are considerably better than any previous figures, and must be regarded as satisfactory, even when compared with the unusually low figures for the country as a whole.

A small outbreak of Enteric Fever is recorded; it shows the danger associated with the difficulty of early diagnosis in this disease.

Progress during the year is recorded with regard to the sewerage of Doxey and Rising Brook, the new water main, Grade A milk, and protection against Diphtheria.

Housing difficulties continue to be acute, but fresh activity is being shown, and it is hoped that the current year will bring some relief. The much needed improvement of the Thieves Ditch is still awaiting the approval of the Unemployment Grants Committee.

Attention is drawn to the need of expansion in the Maternity and Child Welfare schemes, which the Council is trying to obtain.

. On the occasion of the issue of the 50th Annual Report it may be of interest to refer to a few points in the 1st Report, for the year 1874. It is a document of six pages, with two tables. The birth rate was 36, a little above the average for England at that time ; the death rate, which appears to have been considered low, was 25. The Infantile Mortality rate was 131, and there were five deaths from Puerperal Fever. It is strange to read that the Maternity Nurses in these cases were suspended for three months, whereas to-day disinfection may be completed and the nurse back at work in a day or two.

The water supply was obtained from wells, usually in close proximity to the privies. Water closets are condemned in no uncertain terms, and Rochdale tubs recommended for general adoption.

Overflowing ashpits were common, and could not be dealt with promptly. Some of the old, and most of the new streets were without sewerage, and all the sewers emptied into the river.

Some of the reasons for the fall in the death rate from 25 to 8.8 are surely obvious.

My thanks are due to the members of the Council for their kind consideration and support in my work, to Mr. Drury and Miss Suffield for their help in preparing the Report, and to all the members of the staff for their loyal co-operation throughout the year.

I am,

Your obedient Servant,

J. T. MACNAB.

# REPORT.

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## I.—GENERAL STATISTICS.

The Borough of Stafford contains an area of 3,420 acres.

Population (1923) Registrar-General's estimate, 29,370.

Density of population or number of persons per  
acre (1923) ... .. 8.5.

\*Number of inhabited houses (1921) ... .. 5,642.

\*Number of families, or separate occupiers (1921) 5,964.

\*Number of rooms per person (1921) ... .. 1.13.

Rateable value (General District Rate on  
1st April, 1923) ... .. £126,687.

Sum represented by a penny rate ... .. £504.

\*Extracted from the Census Statistics.

## II.—EXTRACTS FROM THE VITAL STATISTICS OF THE YEAR.

BIRTHS.—The total number of births registered as belonging to the district during the year was 491 (Males 245, Females 246), compared with 496 in the previous year. There were 24 illegitimate births (Males 7, Females 17). The birth rate is 16.7 per thousand, compared with 19.8, the rate for the 157 Smaller Towns of England and Wales, and is practically equal to the very low rate recorded last year.

DEATHS.—The total number of deaths registered as belonging to the district was 259 (Males 136, Females 123), giving a death rate of 8.8 per thousand. This is the lowest death rate on record for the Borough, the previous lowest being 10.7 in 1920.

The causes of death are shown below :—

Causes of Death.	Males.	Females.	Total.
Enteric Fever ... ..	—	2	2
Small Pox ... ..	—	—	—
Measles ... ..	3	1	4
Scarlet Fever ... ..	—	—	—
Whooping Cough ... ..	—	—	—
Diphtheria ... ..	—	—	—
Influenza ... ..	1	1	2
Encephalitis lethargica ... ..	—	—	—
Meningococcal Meningitis ... ..	1	—	1
Tuberculosis of Respiratory System	10	16	26
Other Tuberculous Diseases ... ..	2	—	2
Cancer, Malignant Disease... ..	16	16	32
Rheumatic Fever ... ..	—	—	—
Diabetes ... ..	1	1	2
Cerebral Haemorrhage, etc. ... ..	12	9	21
Heart Disease ... ..	21	19	40
Arterio-sclerosis ... ..	2	2	4
Bronchitis ... ..	11	14	25
Pneumonia (all forms) ... ..	6	5	11
Other Respiratory Diseases ... ..	1	2	3
Ulcer of Stomach or Duodenum ... ..	1	1	2
Diarrhoea, etc. (under 2 years) ... ..	1	1	2
Appendicitis and Typhlitis ... ..	2	1	3
Cirrhosis of Liver ... ..	—	—	—
Acute and Chronic Nephritis ... ..	4	2	6
Puerperal sepsis ... ..	—	1	1
Other Accidents and Diseases of Pregnancy and Parturition ... ..	—	1	1
Congenital Debility and Malforma- tion. Premature Birth ... ..	12	5	17
Suicide ... ..	1	—	1
Other Deaths from Violence ... ..	6	2	8
Other Defined Diseases ... ..	22	21	43
Causes ill-defined or unknown ... ..	—	—	—
Total Deaths ... ..	136	123	259

It will be seen from the table that Respiratory Diseases (Bronchitis, Pneumonia, Pulmonary Tuberculosis, etc.), are responsible for 65, or one-quarter of all the deaths, in spite of the absence of any serious outbreak of influenza. How important it is that we should avoid stuffy atmospheres, and keep the upper airways, nose, throat, and mouth in a hygienic condition! Heart Disease 40, and Cancer 32, are easily the next largest groups.

With regard to Heart Disease, the foundations of this are often laid in childhood, when a mild Rheumatic attack (supposed to be only a chill, sore throat, or perhaps growing pains), clears up without coming under the doctor's care, leaving the damaged heart to declare itself under some strain later in life. Certainly, where there is a family history of Rheumatic Fever, such minor illnesses should always receive careful attention.

In Cancer we are faced with a disease which is slowly becoming more common in civilised countries. Cure is dependant on early diagnosis, and cannot be attained unless the doctor is consulted in the beginning. Some main points are : Pain is no guide ; most cancers are painless at first. Many painful conditions are not Cancer. Danger signs are : Any unusual discharge or bleeding in a person over 40. Any sore which refuses to heal in a reasonable time. Persistent indigestion occurring in middle life. Medical advice should always be obtained promptly for any of the above, as Cancer is sometimes the cause, and can be cured if taken in time.

### Birth-rate, Death-rate, and Analysis of Mortality during the year 1923.

(Provisional figures. The rates for England and Wales and Stafford have been calculated on a population estimated to the middle of 1923, while those for the towns have been calculated on populations estimated to the middle of 1922. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.

	BIRTH- RATE PER 1,000 TOTAL POPULA- TION.	ANNUAL DEATH RATE PER 1,000 POPULATION.										RATE PER 1,000 BIRTHS.		PERCENTAGE OF TOTAL DEATHS.		
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under Two years).	Total Deaths under one year.	Causes of Death certi- fied by Registered Medical Practitioners.	Inquest Cases.	Uncertified Causes of Death.	
England and Wales ... ..	19.7	11.6	0.01	0.00	0.14	0.03	0.10	0.07	0.22	0.44	7.7	69	92.0	6.9	1.1	
105 County Boroughs and Great Towns, including London	20.4	11.6	0.01	0.00	0.15	0.03	0.12	0.09	0.22	0.40	9.9	72	92.2	7.2	0.6	
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000)	19.8	10.6	0.01	—	0.19	0.02	0.10	0.60	0.21	0.38	6.4	69	92.6	6.1	1.3	
London ... ..	20.2	11.2	0.01	0.00	0.08	0.02	0.09	0.13	0.17	0.45	10.2	60	90.8	9.1	0.1	
Stafford...	16.7	8.8	0.07	—	0.14	—	—	—	0.07	0.31	4.1	55	93.4	6.6	—	

Number of women dying in, or in consequence of, child birth

from sepsis	...	...	...	...	1
from other causes (Eclampsia)				...	1

Deaths of infants under one year of age per 1,000 births :

Legitimate	...	...	...	...	51
Illegitimate	...	...	...	...	125
Total	...	...	...	...	55

The following table gives the infantile mortality for 1923, and also for the previous ten years.

Year.	Deaths.	Births.	Rate per 1,000 births.
1913	74	580	127
1914	56	580	96
1915	50	525	95
1916	35	503	69
1917	33	497	66
1918	47	461	102
1919	40	498	80
1920	41	622	65.9
1921	44	595	73.9
1922	35	496	70.5
Average for 10 years	45.5	535.7	84.5
1923	27	491	55

The Infantile Mortality Rate is considerably the lowest on record, the previous best being 65.9 in 1920.

The rate is calculated from

number of infant deaths in the year (which depends partly on the number of *last* year's births)  $\times$  1,000

births occurring in the year.

so that a fall in the births may raise it, or a rise lower it. This year's figure, based on a steady birth rate, shows genuine improvement.

The causes of the 27 infantile deaths were as follows :—

Causes of Death.	Under 1 week.	1—2 weeks	2—3 weeks.	3—4 weeks.	Total under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 year
Measles ... ..	—	—	—	—	—	—	—	—	1	1
Meningitis (not tuberculous)	—	—	—	—	—	—	—	1	—	1
Bronchitis ... ..	—	—	—	—	—	—	2	—	—	2
Pneumonia (all forms) ...	—	—	—	—	—	—	1	1	—	2
Diarrhoea and Enteritis ...	—	—	—	—	—	1	—	—	—	1
Congenital Malformations	—	1	1	—	2	—	—	—	—	3
Premature Birth ... ..	10	1	—	—	11	—	—	—	—	11
Inanition ... ..	1	1	—	—	2	—	—	—	—	2
Rickets ... ..	—	—	—	—	—	—	—	—	1	1
Syphilis ... ..	—	—	—	1	1	—	—	—	—	1
Status Lymphaticus	—	—	—	—	—	—	—	—	1	1
Cerebral Haemorrhage ...	—	—	—	—	—	1	—	—	—	1
Total ... ..	11	3	1	1	16	2	3	3	3	27

It will be seen that 16 out of the 27 infants died before reaching the age of one month, giving a neo-natal death rate of 32.6, the improvement belonging entirely to the child welfare period. (Last year's neo-natal death rate was 30.2).

Of the 11 other deaths, 4 were those of children who had attended the centre, and 7 of those who did not attend. As more than half the infants born are brought to the Centre, it is seen that the Welfare babies suffer much less than their share.

**ZYMOTIC DEATH RATE.**—There were 8 deaths registered as due to Zymotic Diseases. The Zymotic death rate was 0.27, compared with 0.84, the average during the preceding ten years.

Deaths from Enteric Fever (all ages)	2	} Total Zymotic deaths. 8
„ „ Measles „ „	4	
„ „ Whooping Cough „ „	0	
„ „ Diarrhoea (under 2 years)	2	

Death rates for :—

Bronchitis, Pneumonia, etc	...	1.33
Pulmonary Tuberculosis	...	0.88
Total Tubercular Mortality	...	0.95
Cancer	... ..	1.09

### III.—NOTIFIABLE DISEASES DURING THE YEAR.

The following are details of the infectious diseases notified during the year:—

Notifiable Disease.		At all ages.	Under 1 year.	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65 & over.	Removed to Hospital.
Diphtheria	... Cases ... Deaths ...	20	—	1	1	—	1	7	4	3	—	—	—	—	16
Scarlet Fever	... Cases ... Deaths ...	101	—	2	4	8	6	30	25	17	6	2	1	—	93
Enteric Fever (including Paratyphoid)	... Cases ... Deaths ...	6	—	—	—	1	—	—	—	2	1	—	2	—	6
Puerperal Fever	... Cases ... Deaths ...	1	—	—	—	—	—	—	—	—	1	—	—	—	1
Pneumonia	... Cases ... Deaths ...	24	—	1	—	—	—	3	1	1	4	4	5	—	—
Erysipelas	... Cases ... Deaths ...	4	—	—	—	—	—	—	—	—	—	—	3	—	—
Chicken Pox	... Cases ... Deaths ...	114	—	—	—	—	—	—	—	—	1	—	3	—	—
		Youngest 6 months, oldest 17, only 4 over school age.													

## **Small Pox.**

The Borough has remained free from this disease. The epidemic of mild Small Pox, however, continues practically unchecked over large areas of England and Wales, 2,473 cases having been notified, spread over 28 counties, during 1923. The value of vaccination, both as a protection to individuals from attack, and as an essential weapon in stamping out the disease when introduced, cannot be too strongly emphasised.

## **Diphtheria.**

The decline in the incidence of this disease has continued, and the number of cases (20) is the lowest recorded since 1914. There were no deaths. By taking swabs from contacts, either at school or at home, it has often been possible to trace the infection to a healthy carrier, or to discover a missed case which was still infective. In carrying out this work, I have received valuable help from the teachers; who have drawn my attention to likely contacts and assisted in numerous other ways. Common pens and pencils are still in use in some schools, and it has not been possible to get this practice forbidden, although I understand it is now discouraged. The danger due to carriers is certainly increased by it. I would urge all parents to remember that diphtheria often causes little complaint of pain, and to consult their doctor immediately if a child seems ill, and has any "patch" in its throat, even if it is not painful. By giving two or three injections of Toxin Antitoxin mixture, it is possible to protect a child from Diphtheria throughout its school career. The obvious time for this is before the school attendance commences, and arrangements are therefore being made to give this protection at the Welfare Centre to any child whose parents desire it.

With regard to the influence of domestic overcrowding, no house had more than one case in it; but the homes in which Diphtheria occurred had only 0.81 rooms per person, as compared with 1.13 for the town as a whole.

Case rate per 1000 living, for Stafford 0.68; for England and Wales 1.04.

## **Scarlet Fever.**

The outbreak, which commenced in October 1922, continued until the end of March, with a recrudescence in September. One hundred and one cases occurred during the year, about 5 per cent. being seriously ill. All recovered. Eighty-two houses were infected. Three houses had 4 cases each, 6 houses 2 cases each, and 73 houses single cases (the other 4 cases were removed from the Infirmary and the Workhouse). The number of rooms per person was 0.82, practically the same as for Diphtheria. It is noteworthy that in the 7 houses where cases were treated at home, 3 cases of secondary infection occurred, although these houses had an average of 1.45 rooms per person.

In view of the fact that Diphtheria Bacilli are sometimes associated with Scarlet Fever, all cases are now swabbed on admission to hospital, so that cases of mixed infection may be discovered and kept separate.

Case rate per 1000 living, for Stafford 3.44 ; for England and Wales 2.23.

## **Measles.**

The epidemic described in last year's report came to an end in April. There were 4 deaths out of a total of about 600 cases. The low mortality must be partly attributed to Miss Suffield's work in urging that medical advice be obtained, and in arranging for the District Nurse's help where this seemed desirable.

## **Enteric Fever.**

In all, 6 cases of Typhoid Fever were notified, with one death. However, one case apparently contracted within the Borough, died outside, and there is reason to believe that another death in the town was due to Typhoid Fever, though unrecognised as such at the time. This would make the total 8 cases with 3 deaths. The first case had no apparent connection with the others, and was contracted outside of Stafford. The second case was also contracted outside the Borough, and was fatal. The nature of the illness was not recognised, and amongst those associated with the patient 3 were infected. When the first of these was notified I made enquiries, and came to the conclusion that this death had been due to Typhoid Fever. Other contacts were inoculated with T.A.B. vaccine, and no further spread

in those households took place. Three further cases appear to have contracted infection in connection with the temporary nursing of two of these patients in an institution before the nature of the disease was recognised, and two of them died. I advised that the nurses at the institution should also be given T.A.B. vaccine. There have been no further cases since the end of June.

Case rate per 1000 living, for Stafford 0.20 ; for England and Wales 0.08.

### **Puerperal Fever.**

There was one fatal case.

Case rate per 1000 living, for Stafford 0.03 ; for England and Wales 0.06.

### **Pneumonia.**

Twenty-four cases, 11 deaths. Steps are taken to obtain assistance, such as nursing or extra nourishment, when it is required. The relief for such necessitous cases has been obtained from the Aids Committee of the Guild of Social Welfare.

### **Erysipelas.**

Four cases, no deaths.

Case rate per 1000 living, for Stafford 0.14 ; for England and Wales 0.32.

### **Chicken Pox.**

In view of the prevalence of Small Pox in the country, Chicken Pox was added to the list of notifiable diseases for a period of twelve months from 20th August, 1923. It is important that medical advice should be obtained in all cases of suspected Chicken Pox, for many cases of mild Small Pox have been mistaken for Chicken Pox, and have given rise to outbreaks.

In the period up to December 31st, 114 cases were notified. In 68 instances a doctor was called in, and the majority of the others were visited by the M.O.H., in order to confirm the diagnosis.

## Tuberculosis.

Analysis of the new cases and deaths during the year :—

Age-Periods	New Cases.				Deaths.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1	—	—	—	—	—	—	—	—
1—5	—	—	1	2	—	—	1	—
5—10	—	1	—	2	—	—	—	—
10—15	1	2	1	1	—	—	—	—
15—20	3	5	1	2	—	5	—	—
20—25	3	5	—	1	—	2	—	—
25—35	2	6	—	—	3	3	—	—
35—45	5	1	—	—	3	5	—	—
45—55	3	4	—	—	1	1	1	—
55—65	4	—	—	—	3	—	—	—
65 and over	1	—	—	—	—	—	—	—
Totals	22	24	3	8	10	16	2	—

Dr. Parkinson has very kindly supplied the following report on Tuberculosis in the Borough.

It is satisfactory to see that the death rate from Pulmonary Tuberculosis in Stafford continues to decline, and for 1923 was, with one exception, the lowest on record. It is difficult to account for the very low return given for the year 1917, when the War-time increase in Tuberculosis was at its height, as previously noted by Dr. Blumer in his report for that year. The death rate from Pulmonary Tuberculosis is still slightly higher than the average for England and Wales, though that for Non-Pulmonary Tuberculosis is practically the same.

Year	Number of deaths		Rate per 1,000			Cases Notified
	Pul.	Non-Pul.	Pul.	Non-Pul.	Total	
1914	25	5	1.08	0.21	1.29	90
1915	37	5	1.78	0.24	2.02	80
1916	24	10	1.12	0.46	1.58	68
1917	19	6	0.80	0.25	1.05	46
1918	34	2	1.40	0.08	1.48	51
1919	25	7	0.94	0.26	1.20	65
1920	30	9	1.08	0.32	1.40	61
1921	30	7	1.03	0.24	1.27	53
1922	29	7	0.99	0.24	1.23	40
1923	26	2	0.88	0.07	0.95	57
Average for England and Wales (1922)			0.89	0.23	1.12	

NOTIFICATION.—There has been a considerable improvement in the notification of Tuberculosis in the Borough since the War, as will be seen from the following table :—

Year.	Number of Un-notified Deaths.	Average interval between notification and Death.
1914	17	2.2 months
1915	12	6.7     "
1916	6	10.8    "
1917	5	8.9     "
1918	17	18.4    "
1919	15	12.9    "
1920	11	8.5     "
1921	5	9.5     "
1922	8	20.7    "
1923	4	13.3    "

In spite of the decreasing number of cases which die without notification, the situation cannot be considered satisfactory, as four such cases occurred during 1923, while three deaths (one from Meningitis) took place within one week of notification, and five others within three months of notification. One case died  $7\frac{1}{2}$  years after notification.

Early notification is essential if the full benefits of the Anti-tuberculosis work are to be obtained, as measures can then be taken to minimise the risk of spreading the disease, and further, the sufferer then comes under treatment at a time when it is most likely to prove of permanent value.

OCCUPATION has a well marked influence on the incidence of Pulmonary Tuberculosis, and generally it may be said that the dusty trades are more dangerous than others. The nature of the dust is, however, of more direct importance than its absolute amount, for instance, coal miners are not particularly liable to contract Tuberculosis. The Census returns for 1921 give the following figures for the two predominant trades in Stafford :—

SHOE TRADE.—(Repairers, Clickers, Cutters and other skilled factory operatives), Males, 1,136 ; Females, 731 ; with " other workers " Males, 102 ; Females, 172.

METAL WORKERS.—(Foundry, Machine Shop, Fitters, and Undefined) 1,990. Calculated on this basis, and on the number of fatal cases of Pulmonary Tuberculosis that have taken place in the last ten years in Stafford, the death rates per 1000 employed in these trades are :—

Shoe Trade :					
Males	...	...	...	...	2.58
Females	...	...	...	...	2.99
Metal Workers :					
Males	...	...	...	...	0.80

The number of cases on which these figures are based is comparatively small, so that no very definite conclusions can be drawn, but nevertheless they indicate a very considerable difference in mortality between the two trades.

TREATMENT.—Thirty-seven Stafford cases have been admitted to the following Institutions :—

Prestwood Sanatorium	...	...	12
Edge view Tuberculosis Hospital	...	...	6
Groundslow Sanatorium	...	...	7
Yarnfield Tuberculosis Hospital	...	...	2
Himley Children's Sanatorium	...	...	7
Longfields Orthopaedic Hospital	...	...	3

Average number of cases treated at the Stafford Dispensary every month : Adults, 46 ; Children, 61.

AGE AT DEATH.—The dangerous age for Pulmonary Tuberculosis in Stafford is from 25—35, and it is interesting to note that while the disease is more than twice as fatal for females from 15 to 25 than it is for males of that age period, after the age of 45 it is much more prevalent amongst males.

Proportion of deaths at different age periods.

Under 15	Males	1%	35—45	Males	12%
	Females	2%		Females	11%
Age 15—25	Males	7%	45—55	Males	9%
	Females	16%		Females	4%
25—35	Males	14%	over 55	Males	8%
	Females	13%		Females	3%

HEALTH VISITING.—Valuable work has been done by the Health Visitor, Miss Suffield, in paying 69 primary visits and 272 subsequent visits to Tuberculous persons, but her work is handicapped by the difficulty in securing efficient isolation for infectious cases owing to the housing shortage. It cannot, however, be too strongly emphasised, that the consumptive is of little or no danger to others, so long as he is properly trained and follows out the simple rules taught by the Health Visitor. In certain cases shelters have been provided and 8 were in use in the Borough during the year. Overcrowding and poverty are two of the chief causes of the spread of Tuberculosis, and the unemployment prevalent during the last year has accentuated the difficulty in dealing with many of the cases. Grants for extra diet allowances were made by the Joint Committee for Tuberculosis in 7 cases, but unfortunately the funds available are very limited, and the grants are usually only made to patients awaiting admission to Sanatorium or for a short period after discharge.

DEVELOPMENTS.—In addition to the existing facilities for treatment and preventing the onset of Tuberculosis, the following lines of attack require development :—

(1) An After-Care Committee, whose duty it would be to interest itself in the welfare of Tuberculous persons. This Committee would, where necessary, provide clothes for patients going to a Sanatorium, and care for their dependents while they were away, and above all would endeavour to secure suitable occupation for those whose earning capacity is diminished in consequence of their disease. Much valuable work might also be done in teaching the laws of health.

(2) An open-air school for children, not yet definitely suffering from Tuberculosis. The benefits derived from such schools are out of all proportion to the very small expenditure entailed.

(3) The campaign for a pure milk supply should be intensified. Non-pulmonary Tuberculosis is largely due to infection from this source, and a vast amount of suffering amongst the children, with subsequent life-long deformity, would be prevented if Tubercle Bacilli were eliminated from the milk.

A. H. PARKINSON,

*Tuberculosis Officer,*

*Staffs, Wolverhampton and Dudley Joint Committee for  
Tuberculosis.*

### **Ophthalmia Neonatorum.**

Notified ... ..	8
Treated in Hospital ... ..	0
Treated at home (District Nurse in attendance) ... ..	8
Complete cures (vision apparently normal) ... ..	8

Although more cases have been notified than last year, there has fortunately been no permanent damage to sight. The underlying cause is usually Gonorrhoea, and it is very desirable that the source of this should be discovered and treated, preferably during the ante-natal period, so that the ophthalmia shall not occur.

### **Isolation Hospital.**

One hundred and forty-one cases were admitted, classified as follows :—

Disease.	Stafford Borough.	Stafford Rural District.	Other Districts.	Total.
Scarlet Fever ...	93	13	3	109
Diphtheria ...	16	1	—	17
Diphtheria carrier	1	—	—	1
Enteric Fever ...	2	1	—	3
Tonsilitis ...	8	2	—	10
Ulcerative stomatitis	1	—	—	—
Total ...	121	17	3	141

There were no deaths during the year, but one of the Rural cases was removed to undergo an operation for Mastoid Abscess, and did not recover. Miss Singleton succeeded Miss Borton as Matron on April 5th, and has fully maintained the reputation of the hospital for smooth and successful working. Mr. G. A. Carter, F.R.C.S.E., of Stoke-on-Trent, has been appointed Consulting Aurist and Laryngologist, so that his advice is now available in preventing and treating ear complications, etc., which are liable to result in permanent damage and in any case prolong the period of stay in hospital.

### **IV.—OTHER CAUSES OF SICKNESS.**

The year on the whole appears to have been a distinctly healthy one, with no marked prevalence of ill-health.

## **V.—MATERNITY AND CHILD WELFARE.**

The responsibilities of the Maternity and Child Welfare Committee include work described in the following paragraphs :—

### **Notification of Births Acts.**

Four hundred and sixty-six live births and 25 still-births came to the notice of the Medical Officer of Health during the year. Ninety-five and a half per cent. of these were notified to him in accordance with the above Acts, 352 by midwives, and 117 by doctors or parents.

### **Health Visiting.**

Miss Suffield, the Health Visitor, supplies the following summary of her visits in regard to Infant Welfare :—

Births (primary visits) ... ..	448
Births (re-visits) ... ..	1,299
Ante-natal visits ... ..	48
Visits to older children ... ..	308
Enquiries into infant deaths ... ..	26
Infant life Protection (Children's Act, 1908) ...	26
Unclassified visits ... ..	125

### **Infant Welfare Centre.**

The attendances at the Centre have continued to increase, and the need for additional sessions is obvious. The desirability of encouraging expectant mothers to attend is shown by the infant mortality returns, the majority of infant deaths being due to causes which could only have been tackled before the confinement. In addition to 16 such deaths, there are 25 still-births, without reckoning the large number of pregnancies that come to an end before the 28th week, and so are not notified as births. A total of 41 dead infants, some of whom might have been saved. Conditions at present are not favourable to ante-natal work, owing to the busy character of the ordinary sessions. The Ministry of Health have been asked to sanction the appointment of a second Health Visitor, which would enable more home visiting to be carried out, in addition to opening the Centre on two days. The provision of preventive inoculation against Diphtheria is mentioned under the heading of that disease.

“ Ten minute Talks ” to mothers have been given at intervals on Wednesday evenings, at the Women’s Adult School. The mothers’ attention is better obtained in this way than by trying to talk to them on a crowded afternoon when the babies are present, such occasions being reserved for individual consultations.

Number of consultation days	...	...	...	49
New cases registered	...	...	...	250
Total attendances...	...	...	...	4,352
(Only children actually weighed are counted).				
Average attendance 88, maximum 131, minimum 60.				

Thanks are due to the members of the Maternity Committee of the Guild of Social Welfare for regular assistance on Centre days, an indispensable help in the running of the Centre, also for loan of Maternity Bags to necessitous cases ; to the Mayor’s Fund for clothing for the mothers and children ; and to the Guild’s Boot Fund for boots for children under school age.

### **Free Supply of Milk to Mothers and Infants.**

This has been continued throughout the year, and in view of the widespread unemployment in the district, it has been of great value in enabling mothers to feed their children satisfactorily. Number of applications received, 131. Of these, 122 were granted, and 9 refused. It is satisfactory to note that, although the conditions under which milk is granted have not been made more severe, the numbers on the list fell from 99 to 69 during the year.

Every effort is made to encourage breast feeding. Even in those cases where it has already been given up, a fresh start may often be made with success. Of 443 children who completed the age of 9 months during 1923 :—

79 per cent. were breast fed during the first month,  
 66½ per cent. were breast fed at the end of three months, and  
 56½ per cent. were breast fed for over six months, while  
 13 per cent. were artificially fed from birth.

These figures show an all-round improvement on those of last year, except in the case of those artificially fed from birth.

It is disappointing to find that, if anything goes wrong when a mother is breast-feeding her child, it is still so common for the first thought of those advising her to be that she should wean her baby, instead of other far more necessary steps being taken before interfering with Nature's food. For example, too frequent or irregular feeding may cause indigestion and loss of weight, but this does not mean that the mother's milk does not suit the child.

In view of the possibility of obtaining Grade A milk, the Committee agreed to supply it, in place of the dried article, in suitable cases. This has been of decided advantage to the expectant and nursing mothers and older children, though perhaps less so in the case of young infants. Fortunately the majority of these are breast fed.

### **Orthopaedic Treatment.**

The Medical Officer is authorised to send any necessitous cases attending the Centre, who require orthopaedic treatment, to the Clinic in Stafford ; several cases are benefiting by this who would otherwise have remained more or less crippled. The Orthopaedic Clinic is not able to do this work without payment, and the council are endeavouring to get the Ministry of Health to make a grant towards this expenditure, which may be regarded as truly remunerative. It is surely better to make the crippled child fit to earn his living than to wait for him to claim relief from the public funds in adult life.

### **Baby Week.**

The Stafford " Baby Week " Celebrations were held in the week commencing on July 22nd. They were preceded by a meeting organised by the B.W.T.A. on July 3rd, over 100 mothers and babies being present. An address was given by the Medical Officer of Health. Further interest was aroused by a circular letter sent to the clergy asking them to preach special sermons relating to Infant Welfare on Sunday, July 22nd.

On Monday, July 23rd, the Infant Welfare Centre was open to the public during the afternoon. A number of visitors took the opportunity to come and see the Centre working.

On Wednesday, July 25th, there was to have been a Garden Party in the Victoria Pleasure Grounds, but owing to the inclement weather, the gathering took place in the Borough Hall. A decorated pram parade was held before the meeting, prizes being awarded for the best turn-outs. About 50 competed. At the Borough Hall, Councillor Mrs. South presided over a company of about 500 ; she was supported by the Mayor and Mayoress, and members of the Maternity and Child Welfare Committee. Refreshments provided by the Committee, opened the proceedings, after which the Mayoress presented the Mothercraft Certificates which had been awarded to mothers of children in their second and third years. Mrs. Blumer then presented Dr. Blumer's Mothercraft Shield to the mother whose baby had made the most satisfactory progress during its first year of life, and silver medals and certificates from the Committee for the runners up. The judging for this competition was carried out shortly before Baby Week, and was kindly undertaken by Dr. N. M. Miller. The proceedings concluded with folk dancing by Miss Bate's pupils from Tenter Banks Council School, who have frequently shown their willingness to help the Child Welfare Centre in a number of ways.

## **VI.—SUMMARY (FOR REFERENCE) OF NURSING ARRANGEMENTS, HOSPITALS, Etc., AVAILABLE FOR THE DISTRICT.**

### **Home Nursing.**

The general nursing of the District is provided by the Stafford District Nurses' Society, Tipping Street. The Society also provides nursing for cases of Measles and other ailments of the young, when requested by the Medical Officer of Health to do so, and receives an annual grant from the Council for this.

### **Midwives.**

The Council does not employ or subsidise practising midwives. Eight midwives practised in the Borough during 1923, of whom six were certificated.

### **Clinics and Treatment Centres.**

(a) MATERNITY AND CHILD WELFARE CENTRE.—One Centre at the Borough Hall provided by the Borough Council, and staffed by the Public Health Department, with assistance from the Guild of Social Welfare.

(b) SCHOOL CLINIC.—For minor ailments, dental, ear, nose and throat, and ophthalmic. In Mill Bank. Provided by the County Education Committee.

(c) TUBERCULOSIS CLINIC.—In Mill Bank, provided by the Staffordshire, Wolverhampton and Dudley Joint Committee for Tuberculosis.

(d) ORTHOPAEDIC CLINIC.—In premises situated in the basement of the Staffordshire General Infirmary. Provided by the Cripples' Aid Society, Hartshill, Stoke-on-Trent. Cases requiring operations are sent to the parent institution at Hartshill.

(e) VENEREAL DISEASES.—The nearest clinics are those provided by the Stafford County Council at Wolverhampton, Stoke-on-Trent and Lichfield Hospitals.

## Hospitals.

(a) TUBERCULOSIS.—Local cases are treated in institutions provided by the Staffordshire, Wolverhampton and Dudley Joint Committee for Tuberculosis.

(b) Maternity Hospitals.—Nil.

(c) CHILDREN'S HOSPITALS.—The general accommodation of the Staffordshire General Infirmary, Stafford.

(d) FEVER.—The Isolation Hospital, Tithe Barn Road, (accommodation nominally 22 beds), is provided jointly by the Stafford Borough Council and the Stafford Rural District Council.

(e) SMALL POX.—There is an agreement by which the Stafford Corporation, together with certain neighbouring authorities, is able to send Small Pox cases to the North Staffordshire Joint Small Pox Hospital at Bagnall. This agreement has recently been amended so as to increase the number of beds available, from five to forty-five, and to relieve the Corporation of any liability for overflow cases belonging to the other authorities.

(f) GENERAL. — Staffordshire General Infirmary, Stafford.

(g) POOR LAW.—Stafford Board of Guardians, Marston Road.

## **Ambulance Facilities.**

A motor ambulance, provided by the British Red Cross Society, is used for the town and surrounding district. The ambulance, which is housed in a local garage, is used for general ambulance work, and also for infectious cases (subject to disinfection). Application to be made to the Police, Stafford (Tel. No. 1, Stafford).

## **VII.—LABORATORY WORK.**

### **Chemical.**

Water analysis is carried out by the County Analyst at Wolverhampton, who has supplied reports on the town supply, and on a number of wells during the year. The reports on the town supply from Milford continue to be most satisfactory.

### **Bacteriological.**

The County Laboratory at Wolverhampton, provided by the Stafford County Council, undertakes bacteriological examinations in suspected cases of Diphtheria, Tuberculosis, Enteric Fever, Cerebro-spinal Fever, and Malaria ; and also the Wassermann test for Syphilis. This service is available, without charge, to medical practitioners. All Diphtheria cases at the Isolation Hospital are thus tested for freedom from infection before discharge. It is also desirable that those who have been in close contact with a case of Diphtheria should be tested, in case they are harbouring infection, and arrangements are being made to get this done as far as possible. Where necessary a virulence test is carried out to enable a persistent carrier of a non-virulent bacilli to be released from unnecessary restrictions.

During the year reports on the following were received by the Medical Officer of health :—

Swabs examined for Diphtheria	...	...	294
Specimens examined for Enteric Fever	...	...	27
Blood examined for Widal reaction	...	...	15
Sputum examined for Tuberculosis	...	...	19
Blood examined for Wassermann test	...	...	1

Fifteen bacteriological examinations of milk have also been made in connection with the campaign for cleaner milk.

## **Issue of Diphtheria Antitoxin, etc.**

Supplies of Diphtheria antitoxin are available at the public expense for necessitous cases. These are used by medical practitioners for the treatment of cases of Diphtheria or possible Diphtheria, it being of the utmost importance that such treatment should be commenced without waiting for bacteriological confirmation, and so losing valuable time. Few, if any, cases of this disease will fail to do well if given a sufficient dose of antitoxin on the first day of the illness. This shows how important it is to get early advice, as pointed out in the paragraph dealing with Diphtheria.

Toxin-Antitoxin is to be provided for protecting those children whose parents desire it. The value of this treatment is explained under Diphtheria.

## **VIII.—SANITARY ADMINISTRATION.**

### **Adoptive Acts, etc., in force in the District.**

ADOPTIVE ACTS RELATING TO PUBLIC HEALTH.	Date of Adoption.
Infectious Disease (Prevention) Act, 1890	1891
Baths and Wash-houses Acts ... ..	1891
Public Health Acts Amendment Act, 1890	1891
Public Health Acts Amendment Act, 1907	
Parts II., III. (except Sections 39 to 42 inclusive), IV., V., VI., and X. ...	1923

### **LOCAL ACTS.**

Stafford Corporation Acts of 1876, 1880 and 1896.

### **BYE-LAWS.**

Relating to Cleansing Streets, Slaughter-houses and Common Lodging Houses ...	1874
Relating to Water Closets (made under Stafford Corporation Act, 1896) ...	1897
Relating to Noxious or Offensive Trades ...	1923

### **REGULATIONS.**

As to Dairies, Cowsheds and Milkshops ...	1908
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### **New Water Main.**

A duplicate water main from Milford was brought into use early in the year, so that the supply of the town is now protected against accidental or other temporary stoppage.

### **Doxey Water Supply.**

Up to December 31st, the number of houses which had been connected to the Town Supply was 78, out of a total of 127. Analyses have repeatedly shown that the wells in the neighbourhood are liable to contamination, and are unsafe sources for drinking water. The houses in this area are now being connected with the sewer recently laid, and it is hoped that owners will take the opportunity of having the water laid on at the same time, so saving expense. Their attention is again being called to the matter.

### **Rivers Pollution.**

During the year the Standing Committee on Rivers Pollution has had a survey made of the watershed of the River Trent. Samples were taken from the Sow and Penk in the Borough Area, at various points. They showed no evidence of any harmful pollution taking place, although the water, throughout its course, is in a poor state of oxygenation. Further investigations are to be made.

### **Closet Accommodation**

There are 3,902 water closets with flushing cisterns, and 2,332 waste water closets in the Borough. The number of pail and midden privies remains about the same, 30, in outlying houses.

A much needed improvement has now been completed by the laying of foul water sewers at Rising Brook and Doxey, which will enable a number of these privies to be converted into water closets, and also the foul water drainage of the houses to be diverted from the present insanitary cesspit system into the sewer.

The waste water closets still continue to give a great deal of trouble in stoppages. Out of 2,074 stoppages, 1,663 were waste water closets. During the year 18 slop closets have been abolished, and pedestal W.C.'s with flushing cisterns substituted.

### **Refuse Disposal.**

Suitable galvanised iron bins for household refuse are becoming more generally used. The Department has paid considerable attention to this matter, and notices have been served in respect of 474 houses calling on the owners to provide such receptacles.

## Sanitary Inspection.

Mr. J. H. Drury, the Senior Sanitary Inspector, presents the following table, summarising the routine work of the year. Attention is drawn to the extensive character of the work, which undoubtedly plays a large part in improving the health of the town. Its importance is enhanced by the housing shortage, which intensifies the harm arising from leaky roofs, faulty drains, accumulations of offensive refuse, etc. It is impossible to estimate how much disease and ill health is prevented by the work done by the Inspectors, but the low mortality rates recorded under the present housing conditions are evidence as to the thoroughness with which it is carried out.

	No. of		Notices.		Nuisances abated.	
	Inspections.	Defects.	Inspector.	Authority	Inspector.	Authority.
Visits to dwelling-houses ...	2,581	—	—	—	—	—
Houses requiring Cleansing ...	3	1	1	—	1	—
Structural Defects	160	72	58	11	45	7
Housing of Working Classes Act	300	—	2	1	1	1
Lodging Houses...	16	—	—	—	—	—
Factories and Workshops ...	113	25	20	—	20	—
Dairies and Milkshops ...	12	—	—	—	—	—
Cowsheds ...	72	5	5	—	5	—
Bakehouses ...	51	13	13	—	13	—
Slaughterhouses...	427	15	15	—	15	—
Fried Fish Shops	38	9	9	—	9	—
Canal Boats ...	—	—	—	—	—	—
Ashpits and want of receptacles for Refuse ...	968	388	249	84	215	101
Deposits of refuse and manure ...	11	5	5	—	5	—
Water Closets ...	172	71	50	12	43	9
House drainage defects...	122	50	49	8	39	9
Water Supply ...	1	—	—	—	—	—
Animals improperly kept ...	17	6	6	1	5	1
Offensive trades other than Fried Fish Shops	14	2	1	—	1	—
Defective yard pavements ...	11	6	6	3	3	1
Other Nuisances	2	1	1	—	1	—
Overcrowding ...	—	—	—	—	—	—
Closet stoppages cleared ...	—	2,074	—	—	—	—
	5,091	2,743	490	120	421	129

Unwholesome food :—

Number of surrenders	...	...	...	...	88
Number of seizures	...	...	...	...	0
Condemned by Magistrates	...	...	...	...	0
Prosecutions for exposing for sale	...	...	...	...	0
Convictions for exposing for sale	...	...	...	...	0

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Precautions against Infectious Disease :—

Lots of infected bedding disinfected or destroyed	161
Houses disinfected after infectious disease	... 157

**Premises and Occupations which can be controlled by Bye-Laws.**

Cowkeepers	...	...	...	...	22	.
Milkshops	...	...	...	...	24	
Common Lodging Houses	...	...	...	...	5	
Offensive Trades	...	...	...	...	31	
Slaughterhouses	...	...	...	...	20	

There are no Bye-Laws in force in the Borough relating to houses let in lodgings, and there is no need for regulations in regard to underground sleeping rooms.

**Offensive Trades.**

There are now 31 Offensive Trades on the Register, of which 27 are fried fish shops, fish frying having been declared an Offensive Trade by Order on June 18th, 1923, and 52 visits have been made to these premises. The remainder consists of two fellmongers, 1 rag and bone merchant, and 1 gut scraper.

**Factory and Workshops Acts.**

INSPECTIONS.—Forty-one inspections of Factories and 72 of Workshops were made. Twenty-five defects were discovered, and action was taken to have these remedied where necessary.

HOMEWORK.—Lists of outworkers were received as follows :—Wearing Apparel (making).

(Twice a year) 6 lists relating to 5 workmen.

(Once a year) 16 lists relating to 30 workmen.

Umbrellas (twice a year) 2 lists relating to 2 workmen.

No prosecutions were necessary, and there was no case in which outwork was carried on in infected or unwholesome premises.

REGISTERED WORKSHOPS.—The workshops on the Register at the end of the year were :—

Bakehouses	...	...	...	...	22
Boot-making and repairing	...	...	...	...	34
Dressmaking	...	...	...	...	7
Tailors	...	...	...	...	12
Milliners	...	...	...	...	9
Cycle and motor repairing	...	...	...	...	10
Miscellaneous	...	...	...	...	66
					<hr/> 160 <hr/>

Miss Suffield, the Health Visitor, in addition to her other duties, carried out inspections in 21 factories and 19 workrooms, where women were employed, and reported 7 defects in factories and 4 in workrooms.

### **Cinemas, etc.**

Visits have been paid to these premises, and they were found to be in a satisfactory condition. In one instance the sanitary arrangements have been improved as the result of a reconstruction.

### **Smoke Abatement.**

A number of observations of smoke emitted from works chimneys have been made during the year, particularly so with regard to those belonging to the Salt Works, observations of 60 minutes duration having been made of each of the 21 chimneys. Various interviews have been held and letters written with regard to this matter, and also as regards other chimneys in the Borough.

### **Canal Boats Acts.**

No boats have been inspected during the year. A number of visits have been made to the Canal Wharf, but the portion of the Canal within the Borough is very little used.

### **Action Taken with Regard to Dairies, Cowsheds and Milk-shops.**

There are 22 cowkeepers and 24 milk sellers registered within the Borough. In addition, the names of 21 persons who reside outside and retail milk inside the Borough have been placed on the Register. Seventy-two visits were paid to the cowsheds, and 12 to the milkshops ; in each case the occupier's attention was called to the requirements as to cleansing and lime-washing ; these were complied with.

The milk supply of the town compares favourably with that in other places, but attention has now been drawn to the need for bacterial purity, and it is only recently that protection has been offered to supplies of guaranteed quality in the form of special licences. These are for : Certified Milk, Grade A tuberculin-tested Milk, and Grade A Milk. All of these must be supplied in sealed bottles, and are necessarily sold at a higher price to cover the extra cost.

These milks keep better than ordinary milk, and there should be no loss from souring, which at once balances most of the extra cost. They are safer supplies from the point of tuberculosis and infantile diarrhoea, and wherever possible should certainly be used for infants and invalids in preference to ordinary milk. No other milk is sold with any guarantee as to its freedom from germs, a point which is quite as important as many of the variations in cream content to which attention has been paid in the past. It may be pointed out that the germs referred to are largely derived from cow dung, which should be prevented from reaching the milk. Subsequent straining removes the particles of dung, but leaves the germs in the milk.

A number of visits have been made to the premises of milk producers, with the idea of drawing their attention to the need for a cleaner milk supply. Samples of milk were taken for bacteriological analysis, and the numbers of germs present in these varied from 10,000 up to over 4,000,000 per c.c. The reasons for failure to produce a satisfactory milk, were explained and discussed with the producers, all of whom were anxious to improve matters. Two supplies of Grade A Milk are now available, and it is hoped that others will follow.

### **Inspection of places where Food is Prepared.**

Various premises in which food is prepared have been inspected, and the requests made as to lime-washing, etc., have been complied with.

The meat, fish, and general markets have been regularly inspected during the year. The food exposed for sale was of good quality.

There are 38 premises on which ice cream is made in the Borough. Thirty-eight inspections have been made. The majority of these places are small shops, and the ice cream is made during the summer months. The utensils and premises were kept in a generally clean condition.

**Meat.**

The total amount of meat condemned as unfit for human consumption was 9 tons, 19¼ cwt., from 104 carcasses, classified as follows :—oxen, 67 ; sheep, 12 ; pigs, 12 ; calves, 13. In 29 cases the reason for condemnation was tuberculous disease in various forms.

It is perhaps necessary to explain that carcasses of animals slaughtered in emergency are often sent into the town for inspection before disposal. The inspector is always asked by the butchers to see these, as many of them are unfit for food. It is from this source that most of the condemned meat is derived.

**Classification of Slaughterhouses.**

		In 1914.	In Jan. 1923.	In Dec. 1923.
Registered	...	13	9	9
Licensed	...	12	11	11
		—	—	—
		25	20	20
		—	—	—

The remarks made in last year's report as to the condition of the slaughterhouses still apply.

A great improvement would be brought about if the work carried on in the 20 existing premises could be concentrated among a smaller number. Effective supervision by the inspector, at or near the time of slaughtering, might then be possible. When there are so many places, which may be slaughtering simultaneously, this is obviously impracticable.

**IX.—HOUSING.**

Looking at the figures for new houses erected during the year, it is seen that considerably less progress has been made than last year. In fact, the number built is barely enough to house the increase in the population. This is due to the Corporation's housing scheme being held up, owing to the curtailment of municipal schemes under the 1919 Act. A considerable number of houses are now in course of erection, both by the Corporation and by private enterprise, and it is hoped that the shortage will be reduced. Some of the

houses being built by private enterprise are, however, earmarked for fresh workers that are coming to the town, and will not lessen the deficiency. It is hoped to use some of the smaller houses now building to house tenants displaced from the "totally unfit" dwellings, while these are being either mended or ended.

It is being more generally recognised that many of the poorer workers have to aim at as low a rent as possible, without considering front parlours, and other things that enthusiasts discuss. This is necessary in order that they may apply a sufficient portion of their wages to the even more important daily food. Provided that the essential requirements from the health point of view are satisfied, and these include a bathroom and 3 bedrooms as a rule, then I am convinced that a low rent will play a very big part in helping to keep the family properly fed and so healthy.

Number of New Houses erected during the year :—

(a) Total	...	...	...	...	...	...	22
(b) With State assistance under the Housing Acts, 1919 or 1923 :							
(i) By the Local Authority	...	...	...	...	...	...	0
(ii) By other Bodies or Persons	...	...	...	...	...	...	4

Number of New Houses under construction :—

		On Dec. 31, 1923.	On Mar. 31, 1924.
(1) By Local Authority	...	10	36
(2) By other Bodies or Persons	...	19	29
		—	—
		29	65
		—	—

## 1.—Unfit Dwelling Houses.

### INSPECTION.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	1,795
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910					233

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation (previously reported, 92) reported during 1923	1
(4) Number of dwelling-houses (exclusive of those referred to under the previous sub-heading) found not to be in all respects reasonably fit for human habitation ...	102

## 2.—**Remedy of Defects without Service of Formal Notices.**

Number of defective dwelling-houses rendered fit in consequence of informal action taken by the Local Authority or their Officers ...	6
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## 3.—**Action under Statutory Powers.**

### A. Proceedings under Section 28 of the Housing, Town Planning, &c., Act, 1919.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...	2
(2) Number of dwelling-houses which were rendered fit :—	
(a) by owners ...	1
(b) by Local Authority in default of owners ...	5
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ...	0

### B. Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	748
(2) Number of dwelling-houses in which defects were remedied :—	
(a) by owners ...	562
(b) *by Local Authority in default of owners ...	17

\*This item represents the number of dustbins provided by the Corporation in default of owners.

C. Proceedings under Sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909.

(1) Number of representations made with a view to the making of Closing Orders ...	1
(2) Number of dwelling houses in respect of which Closing Orders were made ...	1
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ...	0
(4) Number of dwelling houses in respect of which Demolition Orders were made ...	0
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders ...	0





